

Fee Reduction Application

Amherst Leisure Services (LSSE), 170 Chestnut St., Suite 1, Amherst, MA 01002 phone: 413-259-3065, fax: 413-259-2407 website: www.lsse.org, email: lsse@amherstma.gov

Please notify LSSE at 259-3065 if you would like help completing this application. All information provided on this application is strictly confidential.

Section A: Information About You and Your Family

Today's Date		You	r Title (Optional) Mr	r Mi	ss	Ms	_Mrs.	
Your Name:								
	(First)	(Last)	(M.I.))				
Mailing Address	s:							
	(Street, P.O. Box)		(Town)		(State)			(Zip)
Residential Add	lress:							
	(Street)		(Town)		State)			(Zip)
Phone Number	:		Ema	ail:				
	(Home)		(Cell)					
	e legal dependants wi names and dates of b							
Name			Date of Birth	<u> </u>		Ma	e	_ Female
Name			_ Date of Birth	<u> </u>		Ма	e	_ Female
Name			_ Date of Birth	<u> </u>		Ma	e	_ Female
Name			_ Date of Birth/	//		Ма	e	Female
2. How many a	adults live in the hous	ehold includir	ng yourself?					
3. Do you have	e another household	member that c	ontributes financi	ially to th	ne hous	ehold?	Yes_	No
Name		Relationship to you						
4. Are there ot	her people contributi	ng financially t	to your household	d? Yes_	No			
Name		Add	ress		Pho	one		······································
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Section B: Information About Your Need for Assistance

Method A

income.

Directions: Choose **ONE** of the following three methods for us to verify your need for assistance:

Use 2015 income tax figures from a completed or estimated 2015 IRS form 1040, 1040A or 1040EZ.

Number Exemptions:		2. Adjusted Gross Income: \$				
3. Please attach a copy of you	ır 2015 tax form to this ap	plication.				
	- O)R -				
Method B: Answer the following and prov tation for each source of incon	ide verification/documen- ne.	Method C: Answer the following and provide verification/documentation for each source of income.				
2015 Income earned from e provide at least 4 consecutive		1. Child Support Received for a	II Children \$			
You	\$	2. Aid to Families with Depende	ent Children (AFDC) \$			
Spouse/Partner	\$	3. Social Security/Pension Bene	efits			
2. 2015 Interest Income	\$	o occiar occarny/r choicir born	\$			
3. Dividend Income	\$	4. SSI (Supplemental Security I				
4. Alimony	\$	E Food Stown Donofite	\$			
5. Unemployment Benefits	\$	5. Food Stamp Benefits	\$			
6. Help from another	\$	6. Workers' Compensation	\$			
7. Self-Employed Income (please attach financial stateme	\$ nt for past 12 months)	7. Student Loans, Grants or Scl	nolarships \$			
8. Other Income (please speci		8. Free or Reduced Lunch Free	e Reduced			
——————————————————————————————————————	\$	9. Veteran's Services (State or I	Federal) \$			
TOTAL INCOME	\$	40 Tourt Founds Assocition on O				
		10. Trust Funds, Annuities, or S	ettlements \$			
		TOTAL INCOME	\$			
I verify that all information	contained in this app	lication is accurate and true	to the best of my			

knowledge and that this application reflects my household's true total income. I understand that I am required to notify LSSE immediately of any changes that increase my total household

Signature

Date